BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004

Application or Docket Number 10/532887

| • 1 | CLAIMS | AS FILED - PART | ı | • | | | • | |
|--|--|---|--------------------------------------|-------------------------|------------------------|------------|-----------------|------------------------|
| - | • | | * | SWALL EN | ΠΤΥ | OTHER THAN | | |
| | 10.44 | (Column 1) | (Column 2) | TYPE | | OR | SMALL | ENTITY |
| - | J.S. NATIONAL STAGE FEES | | | RATE | FEE | 7 | RATE | FEE |
| 8 | ASIC FEE | SWALL ENT. = \$ 150 | LARGE ENT. = \$ 800 | BASIC FEE | - | OP. | BASIC FEE | - |
| Ε | XAMINATION FEE | Satistias PCT Article 83(1)- | All other situations = 8 100 / 8 200 | EXAM. FEE | | - | | 30.0 |
| 81 | EARCH FEE | U.S. IS ISA = \$ 50 / 8 100 ALL other countries = | · All other situations = | SEARCH FEE | | | EXAM, FEE | 700 |
| F | EE FOR EXTRA SPEC. PGS. | \$200/8,000 minus 100 = | \$ 250/8.500 | | | | SEARCH FEE | 400 |
| - | OTAL CHARGEABLE CLAIMS | 2/ minus 20 = | / 50 = | X\$.125 = | | | X \$ 250 = | |
| - | DEPENDENT CLAIMS | 2 | • | X \$ 25 = · | | OR. | X \$ 50 = | 50 |
| | JLTIPLE DEPENDENT CLAIM PRI | | 3 | X\$ 100 = | · : | OR | X \$ 200 = | |
| <u> </u> | | | | +\$ 180 = | 3 | OR | + \$ 360 = | · |
| | If the difference in column 1 is | less Chan zero, enter °0° | 'in column 2 | TOTAL | | OR. | TOTAL | 950 |
| | Claims as amended - Part II | | | | | | | |
| - | (Column 1) (Column 2) (Column 3) | | | Small en | ITITY | OR | OTHER SMALLE | |
| N. W. | CLAIMS REMAINING AFTER AMENDMENT | HIGHE NUMBI PREVIOU PAID P | ER PRESENT USLY EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AUGNOMBET A | Total * | Minus da | = | X \$ 25 = | | OR | X \$ 50 = | ree |
| | • | Wilnus daa | = | X\$100 = | | ok : | X \$ 200 = | - |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | . + \$ 180 = | | OR - | + \$ 360 = - | |
| | | | | TOTAL ADDIT. | | ساا | OTAL ADDIT. | |
| | . (Column 1) | (Column | 12) (Column 3) | | : | | , c | |
| AMENDAMENT B | CLAMS REMAINING AFTER AMENDMENT | HIGHES NUMBE PREVIOU PAID FO | R PRESENT SLY EXTRA | 11 | ADDI- NONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total * | Minus ** | = | X \$ 25 = | | OR. | X \$ 50 = | |
| | | Minus | = | X \$ 100 = | . (| OR X | \$ 200 = | |
| _ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | + \$ 180 = | (| OR i | \$ 360 = | |
| | | | | TOTAL ADDIT. | | ــا | TAL ADDIT. | |
| | | | | | | • | , L L. | |
| at the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | |
| II. II THE THIRDES NUMBER PREVIOUSLY PAIN FOR IN TUIC COA OF 1-1-1 | | | | | | | | |
| The "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |
| | | ror (loss or independent) is th | e highest number found in t | he appropriate box in o | column 1. | | • | |